Bradford Regional Medical Center 116 Interstate Parkway Bradford, Pa 16701

Department of Medical Records

Patient: MOSHIER, DONALD Medical Record #: M000226525 Acct #: V04546554

Attending MD: Graham, Nathaniel MD Location:

4EAST

Date of Service: 04/18/05

HISTORY AND PHYSICAL

CHIEF COMPLAINT: Acute cholecystitis.

HISTORY: This is a 43-year-old white male who is an inmate at FCI McKean. He has a history of hepatitis C and has been on interferon now for some time, but having some difficulties. Recently, he began having abdominal pain and over the last 3 weeks, this pain which was initially only in the right upper quadrant and after meals became more severe and long lasting, and it is now constant. The pain is becoming more diffuse. Last week, he was referred to the Kane Hospital, underwent medical workup including ultrasound, CT, and apparently an EGD. He was diagnosed with acute cholecystitis, given some antibiotics, had some improvement, and went back to FCI McKean. Over the last day or so, he has been getting much worse clinically. His LFTs have actually looked better than they were before when he was at the height of his problems with hepatitis C. He is having more distress and was referred for surgical evaluation.

PAST MEDICAL HISTORY: Low back pain and hepatitis C.

MEDICATIONS:

- 1. Interferon 180 micrograms 1 weekly.
- 2. Ribavirin 600 milligrams b.i.d.
- 3. Lactulose 1 tablespoon b.i.d.
- 4. Zantac 150 daily.
- 5. Omeprazole 20 milligrams daily.
- 6. Albuterol inhaler 2 puffs q.i.d.
- 7. Doxycycline 10 milligrams p.o. b.i.d.

PAST SURGICAL HISTORY: Appendectomy, left knee surgery, and liver biopsy.

FAMILY HISTORY: Remarkable for cancer, emphysema, diabetes, and hypertension in his father and diabetes in his mother.

SOCIAL HISTORY: The patient used to smoke, but quit. He is separated and has 4 children.

REVIEW OF SYSTEMS: Denies any depression, anxiety, or psychiatric problems. Eyes:
Denies any blurry vision or pain behind the eyes. Ears: Decreased hearing acuity or
tinnitus. LUNGS: Denies any shortness of breath or coughing, but does have some dyspnea
when he is in abdominal pain. GI: No nausea or vomiting today. He has had some
diarrhea over the last week. GU: No burning or urination frequency or nocturia or
decreased force of stream. ORTHOPEDIC: No active problems.

PHYSICAL EXAMINATION:

GENERAL: The patient is a tall, large-boned, muscular man who appears older than stated age. He has long, coarse, gray-white hair, and full beard.

HEENT: Ears, eyes, nose: No lesions.

NECK: No adenopathy.

LUNGS: Clear, but he is splitting his respiration with abdominal pain.

000350

Case 1:05-cv-00180-SJM-SPB Document 25-18 Filed 09/21/2006 Page 2 of 50

HEART: Regular rate with no murmurs.

ABDOMEN: Firm with guarding in the right upper quadrant. Some tenderness, but without

quarding throughout the rest of the abdomen.

EXTREMITIES: Unremarkable.

LABORATORY DATA: White count is 4.9, which is elevated for him. My discussions with Dr. revealed that his white count normally is 1.8, hemoglobin is 13.7, and hematocrit is 39.6. Chemistries show bilirubin of 1.5, AST of 44, ALT of 85, alkaline phosphatase is 70. These numbers are way down from his highs previously according to Glucose is 153 and electrolytes are satisfactory. I obtained some reports from Kane Hospital. These showed an ultrasound with thickened gallbladder wall up to 10 mm consistent with acute cholecystitis and 4-mm common bile duct. EKG normal. CT scan showed normal pancreas, thickened edematous gallbladder consistent with acute cholecystitis, and no biliary duct dilatation. CT of the chest was normal. Numbers there showed a white count of 2.4, hemoglobin 12.9, and hematocrit 37.

IMPRESSION: Acute cholecystitis.

PLAN: Admit, IV fluids, bowel rest, and antibiotics. If he does not rapidly improve, I think he should be explored and this would be best done through an open cholecystectomy. Risks are quite high in this patient with active hepatitis C. With a high-risk mortality for any abdominal operation, we will try to treat him medically; however, he would most likely require operation.

Thank you for the referral.

Job#: 4520101 / 285842

Signed By:

Graham, Nathaniel MD

GRAHNA/PRECYSE DDT: 04/19/05 1619 TDT: 04/20/05 1040

Report Number: 0420-0029

CC:

FCI MCKEAN

Graham, Nathaniel MD

PAGE 1

Bradford Regional Medical Center 116 Interstate Parkway Bradford, PA 06701

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SPEC #: 0418:H00138S	• •	STATUS: COMP REQ #: SUBM DR: Graham, Nathaniel MD	00017235
Test	Result	Flag Reference	Site
CBC WBC RBC HH HGB HCT MCV MCH MCHC RDW PLATELET COUNT MPV ADIFF NEUTROPHILS LYMPHOCYTES MONOCYTE EOSINOPHIL BASOPHIL LUC	4.9 4.28 13.7 39.6 92.5 31.9 34.5 15.3 100 9.4 90.4 3.8 4.2 0.9 0.1 0.6	L 14.0-18.0 gm/L L 42.0-52.0 %	
MANUAL DIFF NEUTROPHILS BAND LYMPHOCYTES MONOCYTE	89.0 4.0 4.0 3.0	H 40-74 % 3-5 % L 19-48 % 3-9 %	

PAGE 1

Bradford Regional Medical Center 116 Interstate Parkway Bradford, PA 06701

	Age/Sex: 43/M M000226525 DOB: 08/18/1961 04/27/05 Status: DIS IN	Attend Phy: GRAHNA Location: 4EAST 446A-1 Home Phone: (814)362-8900
SPEC #: 0418:C00150S	COLL: 04/18/05-1338 STATUS: RECD: 04/18/05-1339 SUBM DE	: COMP REQ #: 00017235 R: Graham, Nathaniel MD
Test	Result	Flag Reference Site
CREATININE	153 13.0 1.1 11.0	H 70-120 mg/dL 8-20 mg/dL 0.7-1.5 mg/dL
SODIUM POTASSIUM CHLORIDE	134 4.1 99	L 135-147 mEq/L 3.5-5.5 mEq/L 98-108 mEq/L
CARBON DÍOXIDE ANION GAP CALCIUM TOTAL PROTEIN	25.0 14.1 8.7 7.7	24-30 mEq/L 8.4-10.7 mg/dL 6-8 gm/dL
ALBUMIN BILI, TOTAL AST ALT ALK PHOSPHATASE	4.0 1.5 44 85	3-5 gm/dL H 0-1 mg/dL H 10-42 U/L H 10-60 U/L 17-120 U/L

PAGE 1

Bradford Regional Medical Center 116 Interstate Parkway Bradford, PA 06701

Name: MOSHIER, DO Acct#: V04546554 Reg: 04/18/05	Unit#:	M000226525 04/27/05	Age/Sex: DOB: Status:	08/18/1961	Location	Phy: GRAHNA n: 4EAST one: (814)362-8	446A-1 3900
SPEC #: 0419:H000		COLL: 04/19/ RECD: 04/19/		STATUS SUBM DI		REQ : m,Nathaniel MD	#: 00017484
Test		Res	sult		Flag I	Reference	Site
CBC			11.				
WBC RBC HH			5.7 3.99		L	4.8-10.8 K/mr 4.70-6.10 M/t	
HGB HCT			12.7 37.8	÷, ÷ .	# L L	14.0-18.0 gm, 42.0-52.0 %	/L
A MOTOR MCV To Legebric MCH			31.9		$egin{array}{ccc} oldsymbol{H} & oldsymbol{H} & oldsymbol{H} & oldsymbol{H} \end{array}$	80.0-94.0 fL 27-31 pg	
MCHC RDW			33.6 15.2		H	33-37 g/dL 11.5-14.5 %	
PLATELET C MPV	OUNT		9.3		T	130-400 K/mmi 7.3-9.3 fl	3
<i>ADIFF</i> NEUTROPH			81.0		H	40-74 %	
LYMPHOCY MONOCYTE	:		8.1		L	19-48 %	
EOSINOPH BASOPHIL			0.1			0-7 %	
LUC MANUAL D	IFF		1.9			0-4 %	
NEUTRO BAND			80.0 2.0		H L	40-74 % 3-5 %	
LYMPHO MONOCY		<u> </u>	9.0	<u>ere jame eftetti kilj</u>	L	19-48 % 3-9 %	

PAGE 1

Bradford Regional Medical Center 116 Interstate Parkway Bradford, PA 06701

	Age/Sex:43/M M000226525 DOB: 08/18/ 04/27/05 Status: DIS IN	Attend Phy: GRAHNA 1961 Location: 4EAST 446A-1 Home Phone: (814)362-8900
SPEC #: 0419:H00183T	·	ATUS: COMP REQ #: 00017950 BM DR: Graham, Nathaniel MD
Test	Result	Flag Reference Site
CBC WBC RBC HH HGB HCT MCV MCH MCHC RDW PLATELET COUNT MPV ADIFF NEUTROPHILS LYMPHOCYTES MONOCYTE	5.7 4.15 13.1 39.3 94.6 31.5 33.3 15.1 96 9.3 83.7 10.9 3.8	L 14.0-18.0 gm/L L 42.0-52.0 % H 80.0-94.0 fL H 27-31 pg 33-37 g/dL H 11.5-14.5 % L 130-400 K/mm3 7.3-9.3 fl H 40-74 % L 19-48 % 3-9 %
EOSINOPHIL BASOPHIL LUC MANUAL DIFF NEUTROPHILS LYMPHOCYTES MONOCYTE	0.0 0.1 1.5 82.0 14.0 4.0	0-7 % 0-2 % 0-4 % H 40-74 % L 19-48 % 3-9 %

PAGE 1

Bradford Regional Medical Center 116 Interstate Parkway Bradford, PA 06701

Specimen Inquiry Report

Age/Sex: 43/M Attend Phy: GRAHNA Name: MOSHIER, DONALD Acct#: V04546554 Unit#: M000226525 DOB: 08/18/1961 Location: 4EAST 446A-1 04/18/05 Disch: 04/27/05 Status: DIS IN Home Phone: (814)362-8900 Reg: STATUS: COMP COLL: 04/19/05-2010 **REQ #:** 00017950 SPEC #: 0419:CG00061T **RECD:** 04/19/05-2010 SUBM DR: Graham, Nathaniel MD COMMENTS: Is the patient on anticoagulant(s)? NO Which anticoagulant(s)? NONE Is patient on anticoagulants? N QUERIES: • Result Flag Reference Site Test 重異数は基準によ 14.0 Η 10-13 SECONDS PT1.30 Part INR Control of the Control of t 33.3 0-40 SECONDS

PAGE 1

Bradford Regional Medical Center 116 Interstate Parkway Bradford, PA 06701

Name: Acct#: Reg:	MOSHIER, DONAI V04546554 04/18/05	Unit#:			DOB:	:43/M 08/18/1961 DIS IN	Location			1-1
SPEC #	: 0420:H00037F	ર			/05-0615 /05-0644			n, Nathaniel	REQ #: 00	0018013
Test			file againe a	Re	sult		Flag 1	Reference		Site
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	HGB		19000		11.4		# L			
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	MCV		500 BAR	Marian Sec.		Constitute that is the Despete] H	80.0-94.0	M fL	
	MCH	Again a			30.9	· .b'	.	27-31 pg		
	MCHC		5 4317	<u> styti kty</u>		<u> </u>	$oldsymbol{L}$	33-37 g/d		
til saman 1 kiri	RDW	· Augusta and a single	N 6 3 6 1 1 6 1 1 6 1 1	ur kai sasa as	14.9		H	11.5-14.5		
	PLATELET COUN	IT.	n par ja disputitis j		7.3			130-400 K		제상 건강하는
tras per a	MPV	and the Arman	L	Arthur Elevis	9.5	water of the case of the case] H	7.3-9.3 f	:1	
	ADIFF				D4 4		7 	40 74 9		
i Sitorial Instance	NEUTROPHILS LYMPHOCYTES		<u> </u>	59.5%, 27%, 17	84.4 9.5		H	40-74 % 19-48 %	. The stage of the	13 (1)
	MONOCYTE		Mark of		3.9	ephologram autor]M (4. 14. [M)	3-9 %		
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	BASOPHIL				0.0	Harris Land 1974		0-2 %		i kajefa ĝis
ega malilin	LUC		inger gelæget i I	The second second	1.6	وكحرا فالمحال والمورية	Hart Tragalic	0-2 %	entra de la compa	
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PAGE 1

Bradford Regional Medical Center 116 Interstate Parkway Bradford, PA 06701

Acct#: V		М000226525 04/27/05	Age/Sex: 43/M DOB: 08/1 Status: DIS	8/1961 1	ocation:	y:GRAHNA 4EAST 4 e: (814)362-89	46A-1 00
SPEC #: (0420:C00040R	COLL: 04/20, RECD: 04/20,		STATUS: SUBM DR:	COMP Graham,	REQ #: Nathaniel MD	00018013
Test		Re	sult	F.	lag Re	ference	Site
GI BU CF BU SC PC CF	M 12 LUCOSE IN REATININE IN/CREAT RATIO DDIUM DTASSIUM HLORIDE ARBON DIOXIDE JION GAP		118 36.0 3.2 11.0 133 4.3 99 25.7 12.6		H L	70-120 mg/dL 8-20 mg/dL 0.7-1.5 mg/dL 135-147 mEq/L 3.5-5.5 mEq/L 98-108 mEq/L 24-30 mEq/L	
TC AI BJ AS	ALCIUM DTAL PROTEIN LBUMIN LLI, TOTAL ST LT LK PHOSPHATASE		7.3 6.0 2.9 0.9 120 74 46		n H	8.4-10.7 mg/dL 6-8 gm/dL 3-5 gm/dL 0-1 mg/dL 10-42 U/L 10-60 U/L 17-120 U/L	

PAGE 1

Bradford Regional Medical Center 116 Interstate Parkway Bradford, PA 06701

	M000226525 DOB: 08/18/1961 Location	08/18/1961 Location: 4EAST 446A-1			
SPEC #: 0421:H00002R	COLL: 04/21/05-0630 STATUS: COMP RECD: 04/21/05-0701 SUBM DR: Graha	REQ #: 00018463 am,Nathaniel MD			
Test	Result Flag	Reference Site			
CBC WBC RBC HH HGB	3.3 L 3.33 L L 10.3 # L HGB REPEATED	4.8-10.8 K/mm3 4.70-6.10 M/uL 14.0-18.0 gm/L			
HCT MCV MCH MCHC	31.1 L 93.2 30.9 33.2	42.0-52.0 % 80.0-94.0 fL 27-31 pg 33-37 g/dL			
RDW PLATELET COUNT MPV ADIFF	14.8 H 62 L PLT REPEATED 9.4 H	11.5-14.5 % 130-400 K/mm3 7.3-9.3 fl			
NEUTROPHILS LYMPHOCYTES MONOCYTE EOSINOPHIL	82.5 H L 3.7 0.1	40~74 % 19-48 % 3~9 % 0-7 %			
BASOPHIL LUC MANUAL DIFF NEUTROPHILS	0.1 1.8	0-2 % 0-4 % 40-74 %			
BAND LYMPHOCYTES MONOCYTE	3.0 11.0 2.0	3-5 % 19-48 % 3-9 %			

PAGE 1

Bradford Regional Medical Center 116 Interstate Parkway Bradford, PA 06701

	Age/Sex: 43/M : M000226525 DOB: 08/18/1961 : 04/27/05 Status: DIS IN	Attend Phy: GRAHNA Location: 4EAST 446A-1 Home Phone: (814)362-8900
SPEC #: 0421:C00008R	COLL: 04/21/05-0630 STATUS RECD: 04/21/05-0701 SUBM D	: COMP REQ #: 00018463 OR: Graham, Nathaniel MD
Test	Result	Flag Reference Site
CHEM 12 GLUCOSE BUN CREATININE BUN/CREAT RATIO SODIUM POTASSIUM	107 28.0 2.2 12.0 133 4.1	70-120 mg/dL] H 8-20 mg/dL H 0.7-1.5 mg/dL] L 135-147 mEq/L 3.5-5.5 mEq/L
CHLORIDE CARBON DIOXIDE ANION GAP	99 24.6 13.5	_
CALCIUM TOTAL PROTEIN ALBUMIN BILL TOTAL	7.6 5.9 2.7 0.8	L 8.4-10.7 mg/dL L 6-8 gm/dL L 3-5 gm/dL 0-1 mg/dL
BILI, TOTAL AST ALT ALK PHOSPHATASE	193 83	H 10-42 U/L H 10-60 U/L 17-120 U/L

PAGE 1

Bradford Regional Medical Center 116 Interstate Parkway Bradford, PA 06701

Name: MOSHIER, DONALD Acct#: V04546554 Unit#: Reg: 04/18/05 Disch:	M000226525 DOB: 08/18/1961 Location: 4EAST 446A-1
SPEC #: 0421:HP00001R	COLL: 04/21/05-0630 STATUS: COMP REQ #: 00018471 RECD: 04/21/05-0701 SUBM DR: Graham, Nathaniel MD
Test	Result Flag Reference Site
HCV	hepatitis C virus (HCV) infection or possibly a carrier state, but does not substantiate infectivity or immunity. However, a patient with a repeatedly reactive result should be considered infectious. With the HCV antibody test, false positive results can occur. The absence of antibodies to hepatitis C virus does

PAGE 1

Bradford Regional Medical Center 116 Interstate Parkway Bradford, PA 06701

	Age/Sex:43/M M000226525 DOB: 08/18/1961 04/27/05 Status: DIS IN	Attend Phy: GRAHNA Location: 4EAST 446A Home Phone: (814)362-8900	-1
SPEC #: 0422:H00007R	COLL: 04/22/05-0630 STATUS RECD: 04/22/05-0702 SUBM D	S: COMP REQ #: 00 DR: Graham, Nathaniel MD	018897
Test	Result	Flag Reference	Site
CBC WBC RBC HH	2.6 3.18	L 4.8-10.8 K/mm3 L 4.70-6.10 M/uL	
HGB HCT MCV	9.6 29.1	# L 14.0-18.0 gm/L L 42.0-52.0 % 80.0-94.0 fL	g en
MCH MCHC RDW	30.2 33.0 14.4	27-31 pg 33-37 g/dL 11.5-14.5 %	
PLATELET COUNT	PLT REPEATED 8.9	130-400 K/mm3 7.3-9.3 fl	
ADIFF NEUTROPHILS LYMPHOCYTES	80.6	H 40-74 % L 19-48 %	
MONOCYTE EOSINOPHIL BASOPHIL	3.5 0.1 0.0	3-9 % 0-7 % 0-2 %	, *
LUC MANUAL DIFF	2.5	0-4 %	
NEUTROPHILS BAND LYMPHOCYTES	16.0	H 40-74 % L 3-5 % L 19-48 %	
MONOCYTE PLT ESTIMATE	NORMAL	3-9 % NORMAL	e e e e e e e e e e e e e e e e e e e

PAGE 1

Bradford Regional Medical Center 116 Interstate Parkway Bradford, PA 06701

• · · · · · · · · · · · · · · · · · · ·	Age/Sex: 43/M Attend Ph M000226525 DOB: 08/18/1961 Location: 04/27/05 Status: DIS IN Home Phon	
SPEC #: 0422:C00012R	COLL: 04/22/05-0630 STATUS: COMP RECD: 04/22/05-0702 SUBM DR: Graham,	REQ #: 00018897 Nathaniel MD
Test	Result Flag Re	ference Site
CHEM 12 GLUCOSE BUN CREATININE BUN/CREAT RATIO SODIUM POTASSIUM CHLORIDE CARBON DIOXIDE ANION GAP	1.6 H 10.0 133 L 4.1 98 23.4 L 15.7	70-120 mg/dL 8-20 mg/dL 0.7-1.5 mg/dL 135-147 mEq/L 3.5-5.5 mEq/L 98-108 mEq/L
CALCIUM TOTAL PROTEIN ALBUMIN BILI, TOTAL AST ALT ALK PHOSPHATASE	94 H	8.4-10.7 mg/dL 6-8 gm/dL 3-5 gm/dL 0-1 mg/dL 10-42 U/L 10-60 U/L 17-120 U/L

PAGE 1

Bradford Regional Medical Center 116 Interstate Parkway Bradford, PA 06701

	M000226525 04/27/05	Age/Sex: 43/M DOB: 08/18/196 Status: DIS IN	l Location	Phy: GRAHNA a: 4EAST 44 one: (814)362-890	6A-1 0
SPEC #: 0424:H00020R	COLL: 04/24 RECD: 04/24			REQ #:	00019516
Test	Re	esult	Flag F	Reference	Site
CBC WBC	.13-	1.5] L	4.8-10.8 K/mm3	
RBC	Test repea	3.12] L	4.70-6.10 M/uL	
HGB		9.4 28.7	L L	14.0-18.0 gm/L 42.0-52.0 %	
MCV MCH MCHC		91.9 30.0 32.7	L	80.0-94.0 fL 27-31 pg 33-37 g/dL	
RDW PLATELET COUNT	er i generalisti kan kan da sa kan da sa Sa kan da sa kan da s	14.7 70	H L	11.5-14.5 % 130-400 K/mm3	
MPV ADIFF	TEST ,	10.1	H	7.3-9.3 fl	
NEUTROPHILS LYMPHOCYTES		69.0 22.3	ing Againta, in	40-74 % 19-48 %	
MONOCYTE EOSINOPHIL		5.0 1.6		3-9 % 0-7 %	
BASOPHIL LUC MANUAL DIFF		0.2 1.8 [紫原原] [] [] [] [] [] [] [] [] []	earrigh Agusta III agus	0-2 % 0-4 %	
NEUTROPHILS BAND		61.0	L	40-74 % 3-5 %	•
LYMPHOCYTES MONOCYTE		25.0 8.0	-	19-48 % 3-9 %	
EOSINOPHIL RETIC COUNT,AUT LEFT SHIFT		2.0 0.3 1+	L	0-7 %	

PAGE 1

Bradford Regional Medical Center 116 Interstate Parkway Bradford, PA 06701

Name: Acct#: Reg:	MOSHIER, DONAL V04546554 04/18/05	Unit#: M00		DOB:	43/M 08/18/1961 DIS IN	Location	4EAST	4	46A-1 00
SPEC #:	0424:C00021R		•	/05-0615 /05-0650	STATUS: SUBM DE		n,Nathanie		00019516
Test			Re	sult		Flag F	Reference		Site
IF	BC RON RON SATURATION			177 23 12		L L L	260-445 35-150 35-150		

PAGE 1

Bradford Regional Medical Center 116 Interstate Parkway Bradford, PA 06701

Acct#:	MOSHIER, DONALD V04546554 Unit# 04/18/05 Disch			Location: 4EAST Home Phone: (814)362-89	
SPEC #:	: 0424:SC00001R	COLL: 04/24 RECD: 04/24	•	: COMP REQ # R: Graham, Nathaniel MD	: 00019516
Test		Re	sult	Flag Reference	Site
	TAMIN B12 LEV		379 (232-1138 pg/mI 3.0-17.5 ng/mI	

PAGE 1

REQ #: 00020837

Bradford Regional Medical Center 116 Interstate Parkway Bradford, PA 06701

Specimen Inquiry Report

Name: MOSHIER, DONALD Age/Sex: 43/M Attend Phy: GRAHNA

Acct#: V04546554 Unit#: M000226525 DOB: 08/18/1961 Location: 4EAST 446A-1 04/18/05 Disch: 04/27/05 Status: DIS IN Home Phone: (814)362-8900 Reg:

SPEC #: 0427:ST00006R

COLL: 04/27/05-1315 STATUS: COMP REQ : RECD: 04/27/05-1347 SUBM DR: Graham, Nathaniel MD

COMMENTS: Specimen Comment: CDIFF TITER

Result Test Flag Reference Site

CDIFF TOX A NEGATIVE:

THE VIDAS C. DIFFICILE TOXIN A II ASSAY IS AN AUTOMATED ENZYME-LIN IMMUNOASSAY FOR THE QUALITATIVE DETECTION OF CLOSTRIDIUM DIFFICILE

SPECIMENS.

PAGE 1

Bradford Regional Medical Center 116 Interstate Parkway Bradford, PA 06701

Specimen Inquiry Report

Name: MOSHIER, DONALD Age/Sex: 43/M Attend Phy: GRAHNA Acct#: V04546554 Unit#: M000226525 DOB: 08/18/1961 Location: 4EAST 446A~1 Disch: 04/27/05 Status: DIS IN Home Phone: (814)362-8900 Reg: 04/18/05 **SPEC #:** 0421:HP00008R **COLL:** 04/21/05-0630 STATUS: CAN REQ #: 00018471 **RECD:** 04/21/05-0701 SUBM DR: Graham, Nathaniel MD Test Result Reference Site ** CANCELLED ** NOT RIGHT TEST

PAGE 1

Bradford Regional Medical Center 116 Interstate Parkway Bradford, PA 06701

Specimen Inquiry Report

Name: MOSHIER, DONALD

Age/Sex: 43/M

Attend Phy: GRAHNA

Acct#: V04546554 Unit#: M000226525 DOB: 08/18/1961 Location: 4EAST

446A-1

Req: 04/18/05 Disch: 04/27/05

Status: DIS IN

ng trong pangga

Home Phone: (814)362-8900

SPEC #: 05:M0002363S

COLL: 04/18/05-1605 RECD: 04/18/05-1651

STATUS: COMP REO #: 00017369

SOURCE: BLOOD

SUBM DR: Graham, Nathaniel MD

ENTR: 04/18/05-1649

SPDESC: OTHER

COMMENTS: Has Specimen been collected? Y

Procedure

Result

Verified

Site

BLOOD CULTURE Final

NO GROWTH

04/23/05-0855

PRELIMINARY REPORT: 12-24 HOURS

FINAL REPORT: 5-6 DAYS

BLOOD CULTURE Preliminary (changed)

04/19/05-1235

BENEFIT NO. GROWTH TO A TRANSPORT SECTION OF THE PROPERTY OF T

PRELIMINARY REPORT: 12-24 HOURS

FINAL REPORT: 5-6 DAYS

Bradford Regional Medical Center 116 Interstate Parkway Bradford, PA 06701

Specimen Inquiry Report

Name: MOSHIER, DONALD Age/Sex: 43/M Attend Phy: GRAHNA

Acct#: V04546554 Unit#: M000226525 DOB: 08/18/1961 Location: 4EAST 446A-1

Reg: 04/18/05 Disch: 04/27/05 Status: DIS IN Home Phone: (814)362-8900

RECD: 04/18/05-1651 SUBM DR: Graham, Nathaniel MD

SOURCE: BLOOD **ENTR:** 04/18/05-1649

SPDESC: OTHER

COMMENTS: Has Specimen been collected? Y

Procedure Verified Site

BLOOD CULTURE Final 04/23/05-0855

NO GROWTH

THE ACTION PRELIMINARY REPORT: 12-24 HOURS HE ARE A WARREN OF THE PROPERTY OF

FINAL REPORT: 5-6 DAYS

BLOOD CULTURE Preliminary (changed) 04/19/05-1235

The state of the GROWTH is a state of the st

PRELIMINARY REPORT: 12-24 HOURS

FINAL REPORT: 5-6 DAYS

PAGE 1

Bradford Regional Medical Center 116 Interstate Parkway Bradford, PA 06701

Specimen Inquiry Report

Name: MOSHIER, DONALD Age/Sex: 43/M Attend Phy: GRAHNA Acct#: V04546554 Unit#: M000226525 DOB: 08/18/1961 Location: 4EAST 446A-1

Reg: 04/18/05 Disch: 04/27/05 Status: DIS IN Home Phone: (814)362-8900

COLL: 04/19/05-1446 STATUS: COMP REQ RECD: 04/19/05-1519 SUBM DR: Graham, Nathaniel MD SPEC #: 05:M0002434R REQ #: 00017914

SOURCE: GALLBLAD ENTR: 04/19/05-1520

COMMENTS: GALL BLADDER WOUND CULTURE

Procedure O Result Verified Site

GRAM STAIN Final 04/21/05-1134

SMEAR OBSERVATION 1 NO ORGANISMS SEEN
SMEAR OBSERVATION 2 NO CELLS SEEN

WOUND CULTURE Final 04/21/05-1134

NO GROWTH AEROBICALLY OR ANAEROBICALLY AFATER 48 HOURS INCUBATION.

CIAL SECURITY ADMINISTRATION

Date: May 12, 2004 Claim Number: 096-52-8139A

096-52-8139DI

DONALD L MOSHIER JR 139 SEARS ROAD RICHFORD NY 13835-#### # 10929-052

ou asked us for information from your record. The information that you equested is shown below. If you want anyone else to have this information, you ay send them this letter.

ther Important Information

ACCORDING TO OUR RECORDS MR MOSHIER WAS DISABLED AND RECEIVING SOCIAL SECURITY BENEFTS UNTIL INCARCERATION.

ype of Social Security Benefit Information You are entitled to monthly disability benefits.

PAGE 1

Bradford Regional Medical Center 116 Interstate Parkway Bradford, PA 06701

Specimen Inquiry Report

Name: MOSHIER, DONALD Age/Sex: 43/M Attend Phy: GRAHNA

Acct#: V04546554 Unit#: M000226525 DOB: 08/18/1961 Location: 4EAST 446A-1

Reg: 04/18/05 Disch: 04/27/05 Status: DIS IN Home Phone: (814)362-8900

SPEC #: 05:M0002803R **COLL:** 04/27/05-1315 **STATUS:** COMP **REQ #:** 00020838

RECD: 04/27/05-1347 SUBM DR: Graham, Nathaniel MD

SOURCE: STOOL **ENTR:** 04/27/05-1317

SPDESC: STOOL

COMMENTS: Has Specimen been collected? Y

Procedure Verified Site

STOOL CULTURE Final 04/29/05-0915

STOOL CULTURE Preliminary (changed) 04/28/05-1208

NO NORMAL FECAL FLORA AFTER 18-24 HOURS INCUBATION.

This may indicate a severe flora imbalance from antimicrobial therapy. Final report to follow.

No growth

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Case 1:05-cv-00180-SJM-SPB Document 25-18 Filed 09/21/2006 Page 26 of 50 Lf You Have Any Questions

If you have any questions, you may call us at 1-800-772-1213, or call your local Social Security office at 607-773-2884. We can answer most questions over the phone. You can also write or visit any Social Security office. The office that serves your area is located at:

SOCIAL SECURITY 15 HENRY STREET BINGHAMTON, NY 13901

If you do call or visit an office, please have this letter with you. It will help us answer your questions.

OFFICE MANAGER

MEDICAL RECOR	RD	CHRONOLOGICA	AL RECORD OF		_ CARE
DATE		IAGNOSIS, TREATM	ENT, TREATING OR	GANIZATIO	N (Sign each entry)
	S: If you are requesting				
	Si esta pidiendo reno	ovacion de medicame	ntos, edcriba los non	nores abajo:	· · · · · · · · · · · · · · · · · · ·
	What is your problem? Cual es su problema?	DAIN IN	Stomack.		
	Cadi de da problema.	NIN 19	<u> </u>		A Republicade and Associated Programming
	How long have you had	the problem?			
	Per cuanto tiempo ha te				
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	What medication has w	vosked well for this pro	blem in the past?		<u></u>
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000376

Last Name

First Name

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SCAUSE ONE OF

our name has been added to the

Karen V. Masker, USP Lewisburg Health Svc Unit Lewisburg, PA 1

000377

Case 1:05-cv-00180-SJM-SPB Document 25-18 Filed 09/21/2006 Page 29 of 50 (1)p - 00tTO: STACEY DREESE Medical RECORDS FIZOM: DONALD C Mosthien JR Rest 10924-052 SHW- OIL Request. I Signed some Reliece Forms A couple of months ago for my medical Records From
KANE Hospital AND BRADOND Hospital I Have alleady
Recieved the Records From BRADOND Hospital But I've not Gotten NOTHING From KANE Hospital I Really Meed the Records From KANE, CAN you please Sec what the How up, OR please Give me there address AND I will mail them A Freedom of Mishmatrin Act, Because There my RECORDS, I HAVE A RIGHT TO HEM, THANK YOU, AND Please RESPOND. Kane Communety Hospital N Fraley Street Box 778 USP LEWISBURG Health Services Unit Lewisburg, PA 17837

Kane Pa 16735

Please handle this reguest

Kimberly Ely, HIT

000378

TO: Stacey DRASE, Medical Records

FROM: DOHALO C Mostlien JR. Res# 10924-052 SHU,-018

Dear Miss, Stacey.

I want to HANK you for Getting my medical Records From Bradford Hospital, However I Still Need the ares from KANE Hospital From 4/11/03 TO 1/15/05 I DO Believe Are the Dates At ANY Rate I was only at KANE Hospital ONE time in my life and that was in April.

Also miss Stacey, I'D like To Apologice on Being so Hanst in my last Cop-out, I know that you can only do so much, and that we I die sign 4 Release Forms, 2 for KANC and 2 for Bradford, I MOW Have Bradfords, CAN you please CHECK some How OH the medical Reports and All Finding From KANE.

Again thank you, please Respond

USP LEWISBURG Health Services Unit Lewisburg, PA 17837 Doubl C mother FC.

We have not recieved any records from Kane hospital after several reguests. We 000379 Cannot Copy them y we don't have them.

Case 1:05-cv-00180-SJM-SPB Filed 09/21/2006 Page 31 of 50 TO: Medical Records Date 12/2/05 SHU, - 018 From: Donaid 1 mostlien In Rest 10924-052 ReQuest! I've Been waiting now for over A mouth NOW for my medical Records From you, From KANE Hospital and Bugotono Hospital, while you MAD me Sign Releise lannes for, it's very very imported that I get there medical Records my Next Step will Be A BNB-9-10-11, WITT I Have to File in count, I need These Records OR I WOUDN'T BE OSKING YOU FOR THEM SO OFTEN! SO CAN YOU Please Get them To me. Within the Mext week. Thork you, please lespond Donald & myling Ilm received 33 pap of record See letto form Stacey Lineare Stacey Draese

TO: 7202 0862 P.001/007

I. Anti-HCV positive
Result: [15 Dute: 2/12/04 Result: 29 Date: \$12/04 Result: [30 Date: 7/19/04] III. Physician clearance: No evidance of decompensated cirrhosis (asclus, ederm, esophageal varices, jaundice, encephalopathy) "(include copy of CBC, prothrombin time, and chemistry panel dated within 90 days of request. Also include copy of HIV test result and hepatitis B serviciples [B surface antigen and antibody, B care antibody]) IV. Mo contraindications to interferon or ribaviria (see guidelines) V. Projected Releage Date: P-28/12 VI. Paychistry or psychology clearance: "(include copy of consult report, k-pluding assessment of alcohol/drug use history) VIII. HCV RNA nesitive: Date: 7/24/04 (include copy of biopsy report when submitting request for treatment) Findings/Comments: Chabais of Live unconstability pattlem, active IX. Liver ultrasound, if indicated: Date: Findings: Abol CT malenary at turns of live By. X. Prior anti-viral treatment (if any): Drug(s) NO Dates
No evidence of decompensated cirrhosis (ascites, ederme, esophageal varices, jaundice, encephalopathy) "(include copy of CBC, prothrombit time, and chemistry panel dated within 90 days of request. Also include cupy of HIV test result and hepatitis B serologies B surface antigen and antibody, B care antibody) IV. No contraindications to interferon or ribavirin (see guidelines) V. Projected Release Date: 7-1-8/17 VI. Paychistry or psychology clearance: Date: 7/24/04 VII. HCV RNA positive: Date: 7/24/04 VIII. Liver biopsy: Date: 8/24/04 * (include copy of biopsy report when submitting request for treatment) Findings/Comments: Circhards of Luca unconsorbales pattern, active Endings: Abol CT unalles and turns of luca By X. Frior anti-viral treatment (If any): Drug(s) Dates Dates
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"(include copy of CBC, prothrombin time, and chemistry panel dated within 90 days of request. Also include copy of HIV test result and hepatitis B serologies [B surface antigen and antibody, B care antibody]) IV. Recognitudications in interferon or ribayirin (see guidelines) V. Projected Release Date: P-28/12 VI. Paychintry or psychology clearance: "(include copy of consult report, is cluding assessment of alcohol/drug use history) VII. HCV RNA nositive: Date: 7/24/04 (7,270,000) VIII. Liver biopsy: * (include copy of biopsy report when submitting request for treatment) Findings/Comments: Christian Softman Cornoblation particular. Extendings Abol CT Maleran at Time of liver for CT Dates. X. Frior auti-viral treatment (if any): Drug(s) Dates
IV. No contraindications in interferon or ribavirin (see guidelines) — X Cont Bulleulines V. Projected Release Date: 2-28/17 — Plate Count VI. Psychiatry or psychology clearance: Date: 7/22/04 — "(include copy of consult report, isoluding assessment of alcohol/drug use history) VII. HCV RNA nositive: Date: 7/24/04 — (7,270,000) VIII. Liver biopsy: Date: 8/24/04 — (7,270,000) * (include copy of biopsy report when submitting request for treatment) Pindings/Comments; Civilanis of lines unconsolution pattlem, active IX. Liver ultrasound, if indicated: Date: Findings: Abril CT mallinian at timy of lives Bx X. Prior anti-viral treatment (if any): Drug(s) — Dates
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VIII. Liver biopsy: * (include copy of biopsy report when submitting request for treatment) * Findings/Comments: Civilais of liver unconsoluter pattern, act ve Ex. Liver ultrasound, if indicated: Eindings: Abol eT maleriam at thing of liver Bx X. Prior anti-viral treatment (if any): Drug(s) Dates
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X. Prior Anti-viral treatment (If any): Drug(s) VO Dates
X. Prior Anti-viral treatment (If any): Drug(s) VO Dates
At conclusion of prior treatment, what was ALT? What was HCV RNA?
I I
Previous treatment: relapact or nonresponder (circle one)
XI. HCV genotype: 1 or 2 of 3r other (circle one) Picarius Gorana Do Bica
XI. HCV genotype: 1 or 2 of 3dr other (circle one) XII. Requested medication regimen: Plantaform & 20 180 mcg SC Quic Bother 4 W/S Signature of Clinical Director:
- West
APPROVED LIBRATE DO Medical Director DATE 10 5 04
DISAPPROVED Modical Director DATE
Comments:
Inpuste Name: MOSHIER DONALD
psychiatry/psychology report, and liver
Institution: FC/ MC/CCA2

r. (Algorithm for Treatment of Hepatitis C / Approval Form (January 2003) Anti-HCV positive Date: 0/4/03 By Hx Scince 1972 (Inmates without risk factors should have test confirmed with 3rd generation EIA or RIBA)	
II. Result:	Last 3 ALT levels: (15 /Date: 2/12/04 Result: 29 /Date: 5/12/04 Result: 130 /Date: 7/19/04 Physician clearance: Date: 9/24/04 No evidence of decompensated cirrhosis (ascites, edema, esophageal varices, jaundice, encephalopathy) *(include copy of CBC, prothrombin time, and chemistry panel dated within 90 days of request. Also include copy of HIV test result and hepatitis B serologies [B surface antigen and antibody, B core antibody])	
IV. V. VI.	Projected Release Date: 2/28/12 Plateller Count Psychiatry or psychology clearance: *(include copy of consult report, including assessment of alcohol/drug use history)	
VII. VIII.	HCV RNA positive: Date: 7/24/04 (7,270,000) Liver biopsy: * (include copy of biopsy report when submitting request for treatment) Findings/Comments: Circles of lives micronodular pattern, ack	J-C_
IX.	Liver ultrasound, if indicated: Prior anti-viral treatment (if any): Drug(s) Date: ate: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date	
	At conclusion of prior treatment, what was ALT? What was HCV RNA? Previous treatment: relapser or nonresponder (circle one)	,
XI.	Requested medication regimen: Pag datesfer 22 180 mcg SC QWIC Both X24 Signature of Clinical Director:	WICS RESE
APPRO	OVED Medical Director DATE	
DISAPI	PROVED Medical Director DATE	
Comme	ents:	N.
Inmate Reg. No	psychiatry/psychology report, and liver biopsy report to: (202) 305-0862	

000352

Case 1:05-cv-00180-SJM-SPB Docur	ment 25-18 Filed 09/21/2006 Page 34 of 50 MASSER, HEALTH SERVICES
10. M5.	MASSER, HEALTH SERVICES
FROM: DONALO 6 Mostlien	on 12es# 10924-052 5Hu, 01
Request:	
AND Seem to Be	es are Getting very blunry Getting Worse,
	se Get me AND eye examiNAI Leading Classes may Help, Please Respond
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and the second s	
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BP-A807.060 SEP 03 INFORMATION ON VACCINATION (CONSENT/DECLINATION) FOR INFLUENZA VACCINE

U.S. DEPARTMENT OF JUSTICE FEDERAL BUREAU OF PRISONS

Influenza Vaccine (Flu Shot) for

2005-2006 (Year)

NOTE: CONSULT THE CENTERS FOR DISEASE CONTROL FOR ANNUAL UPDATES CONCERNINGVACCINE INFORMATION

Influenza is a serious disease caused by a virus that spreads from infected persons to the nose or throat of others. The "influenza season" in the U.S. is from November through April each year. Influenza can cause fever, sore throat, cough, headache, chills, and muscle aches. People of any age can get influenza. Most people are ill with influenza for only a few days, but some get much sicker and may need to be hospitalized. Influenza causes thousands of deaths each year, mostly among the elderly. Influenza vaccine can prevent influenza. Influenza Vaccine Influenza viruses change often. Therefore, influenza vaccine is updated each year to make sure it is as effective as possible. Protection develops about 2 weeks after getting the vaccination and may last up to a year.

Persons who should receive the influenza vaccine:

Individuals in any of the following categories:

- 1. Chronic disorders of the cardiovascular or pulmonary systems,
- 2. Health individuals 65 years of age or older,
- 3. Adults with chronic metabolic diseases, including diabetes mellitus, renal dysfunction, anemia, or immunosuppression,
- 4. Anyone who has extensive contact with high risk individuals,
- Pregnant women with a medical condition that increases the risk of complications from influenza (should be given after the first trimester),
- 6. Persons living in dormitories or in other crowded conditions, to prevent outbreaks,
- 7. Anyone who wants to reduce their chance of catching influenza.

Persons who should not receive the influenza vaccine:

- 1. Those who have allergic sensitivity to eggs, chicken feathers, chickens or chicken dander,
- 2. Those who have a hypersensitivity to any components of the vaccine,
- 3. Have a history of Guillain-Barre Syndrome (GBS),
- 4. Anyone with a current febrile illness.

When should I get influenza vaccine?

Because influenza activity can start as early as December, the best time to get influenza vaccine is during October and November. But getting the vaccine after November can still provide protection. A new vaccination is needed each year. Influenza vaccine can be given at the same time as other vaccines, including pneumococcal vaccine.

Can I get influenza even if I get the vaccine this year?

Yes. Influenza viruses change often, and they might not always be covered by the vaccine. But vaccinated people who do get influenza often have a milder case than those who did not get the injection. Also, many people call any illness with fever and cold symptoms "the flu." They may expect influenza vaccine to prevent these illnesses, but influenza vaccine is effective only against illness caused by influenza viruses, and not against other illnesses.

Offici limesses.	
Name: Moshier, DONALD	
Register No. 109 24 - 05	SSN:
Institution USP Lewisburg Lewi	sburg, PA 000334

What are the risks from influenza vaccine?

A vaccine, like any medicine, is capable of causing serious problems, such as severe allergic reactions. The risk of a vaccine causing serious harm, or death, is extremely small. Almost all people who get influenza vaccine have no serious problems. The viruses in the vaccine are killed, so you cannot get influenza from the vaccine. Mild problems include soreness, redness, swelling where the injection was given, fever, and body aches. If these problems occur, they usually begin soon after the vaccination and last 1-2 days. Life-threatening allergic reactions are very rare. If they do occur, it is within a few minutes to a few hours after the injection.

I, _________, have read the above statement about the influenzavaccination. I have provided with updated information and have had the opportunity to ask questions about the benefits and risks receiving this vaccination.

FOR WOMEN

Pregnancy can increase the risk for complications from the flu, and pregnant women are more likely to be hospitalized from complications of the flu than non-pregnant women of the same age. In previous worldwide outbreaks of the flu (pandemics of 1918-19 and 1957-58), deaths among pregnant women were associated with the flu. Pregnancy can change the immune system in the mother, as well as affect her cardiovascular system (heart and lung function). These changes may place pregnant women at increased risk for complications from the flu.

Because the flu vaccination is made from inactivated viruses (the viruses are killed), many experts consider flu vaccinations safe during any stage of pregnancy. However, since miscarriages (spontaneous abortion) most often occur in the first trimester of pregnancy, experts have traditionally not given a flu vaccination during the first trimester to avoid a coincidental association with miscarriage.

Women who will be beyond the first 3 months of pregnancy during the flu season should get a flu vaccination. Pregnant women who have medical problems that increase their risk for complications from the flu should get a flu vaccination before the flu season, no matter their stage of pregnancy.

Signature of the Recipient Signature

DECLINATION FOR VACCINE

I do not want to receive the influenza vaccination at this time.

Signature of the Patient

Date

Signature of Witness

(This form may be replicated via WP)

SEP 03 ds 1:0 DEPARTMENT OF JUSTICE

Document 25-18 Filed 09/21/2006 Page 37 of 50 RELEASE OF MEDICAL IL RMATION CDFRM

U.S. DEPARTMENT OF JUSTICE

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BP-S148.055 INMATE REQUE :O STAFF CDFRM

SEP 98

FEDERAL BUREAU OF PRISONS

U.S. DEPARTMENT OF JUSTICE	
TO: (Name and Title of Staff Member) Medical Records	DATE: 9/21/05
FROM: DONALD (MOSHIER 512	REGISTER NO.: 10924-052
WORK ASSIGNMENT: . UNICOIZ WELD 2	UNIT: A-Block - 113 - u
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Signature Staff Member 11H N3 khequil

Date 9-27-05

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This form replaces BP-148.070 dated Oct 86 and BP-S148.070 APR 94

BP-S148.055 **SEP 98**

INMATE REQUEST TO STAFF COFRM

U.S. DEPARTMENT OF JUSTICE FEDERAL BUREAU OF PRISONS

TO: (Name and title of staff member):	Date:
Medical Records	9/12/05
From:	Registration number:
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Lewisburg, PA 17837	
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Case 1:05-cv-00180-S.IM-SPB Document 25-18 Filed 09/21/2006 Page 41 of 50 TO: DR, Beam FOI MCKEAN HEALTH SVC. Date 5/19/05 From, DOMANSOLPM Mostlien DR, 12es# 10424-052 A- 209 I need to talk to you about a Couple of things, are is whats Going and about my theatment are you Going to Have Some Blood test done to see where on what my loven is Doing NAW, with the Hep.C. Also this Bulge that is Gnawing in my Stomach, its Still Getting Biggen, And it does, that some NOW AND then, with All the other things that has Been Geing ON with me, I want that Bulge CHECKED OUT To make some its Not a concorrest tomen, CAN YOU Please Set this up, AND Let me KHOW A.S.A.K · MANK you very much, Mease Respond. please Respond. Sincerely Double Mark Hep & treatment is on hold for a while until you are Totally barle to now J'Wordy Friday Pm to Chark out The bulge - y it can 000390 Wait Bloodwordce Odled

U.S. DEPARTMENT OF JUSTICE

FEDERAL BUREAU OF PRISONS

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Federal Correctional Institution McKean County, Bradford, Pennsylvania

CONSENT TO RELEASE INFORMATION (A) MOCIL
Inmate: Moshier Reg.No.: 10929-052
Reg.No.: /- / //
I hereby consent to the disclosure, by the medical staff of this institution and the Regional Health Services Administrator of this region, of medical information regarding my medical condition and treatment by medical staff of this institution, in accordance with the Privacy Act of 1974, to the following people, at their request:
NAME RELATIONSHIP PHONE NO. ADDRESS
D Mother
Dolones Mastlien (607) 657 4476
PO. BOY 157
RICHFORD N.Y 13835
Signature of inmate: Donell Moshin In
Date: 4/21/05
Signature of Staff Witness: When the 4/21/05
NOTIFICATION IN CASE OF SERIOUSLY/CRITICALLY ILL OR DEATH
NAME: <u>SAME AS ABOUC</u> RELATIONSHIP: <u>MOTHEN</u>
ADDRESS:
PHONE: ()

Original to Medical Record

BP-S148.055 **INMATE REQUEST TO STAFF** CDFRM SEP 98

U.S. DEPARTMENT OF JUSTICE

FEDERAL BUREAU OF PRISONS

TO: (Name and Title of Staff Member)	DATE:
Dr.Beam	12/6/04
FROM: Donald L. Moshier, JR.	REGISTER NO.: 10924-052
WORK ASSIGNMENT: Compound orderly pm.	UNIT:

SUBJECT: (Briefly state your question or concern and the solution you are requesting. Continue on back, if necessary. Your failure to be specific may result in no action being taken. If necessary, you will be interviewed in order to successfully respond to your request.)

	Dr.Beam, I have a large lump or ball on my left side just
	under my ribcage. If you recall I mentioned this to you like
,	8 months ago or so. Back then it was very small no bigger then
	a marble. Well now its very large and it is very painfull. I
	want to know what it is. Is it my spleen, or a tumor. No I don't
	want to hear that its just some fatty tissue. I want it X-Rayed
	or somthing. I believe that I have enough problems already
	because F.C.I. McKean refused to treat me for Hepatitis C. until
<i>-</i>	after I developed Cirrhosis of the liver. I'm very concerned
	about this lump in my stomach. Please respond to this Cop-out
	in writing.

Thank You. (Do not write below this line)

i) We'll check that on your weekly appointment as we discussed today.

2) you had circhous long before you entered Federal Centrolly.

Signature Staff Member

AM CHERT

1W 1/04

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Record Copy - F11e; Copy - Inmate (This form may be replicated via WP)

This form replaces BP-148.070 dated Oct 86 and BP-S148.070 APR 94

Case 1:05-cv-00180-SJM-SPB - Document 25-18 --- Filed 09/24/2006 --- Rage 45 of 50 include soreness, redness, sv ling where the injection was given fever, and body aches. If these problems occur, the sually begin soon after the vaccin con and last 1-2 days. Life-threatening allergic reactions a very rare. If they do occur, it minutes to a few hours after the in tion. within a few CONSENT FOR VACCINATION , have read the above statement about the influenza I have been provided with updated information and have had the opportunity to ask questions about the benefits and risks receiving this vaccination. FOR WOMEN Pregnancy can increase the risk for complications from the flu, and pregnant women are more likely to be hospitalized from complications of the flu than non-pregnant women of the same age. In previous worldwide outbreaks of the flu (pandemics of 1918-19 and 1957-58), deaths a mong pregnant women were associated with the flu. Pregnancy can change the immune system in the mother, as well as affect her cardiovascular system (heart and lung function). These changes may place pregnant women at increased risk for complications from the flu: Because the flu vaccination is made from inactivated viruses (the viruses are killed), many experts consider flu vaccinations safe during any stage of pregnancy. However, since miscarriages (spontaneous abortion) most often occur in the first trimester of pregnancy, experts have traditionally not given a flu vaccination during the first trimester to avoid a coincidental association with miscarriage. Women who will be beyond the first 3 months of pregnancy during the flu season should get a flu vaccination. Pregnant women who have medical problems that increase their risk for complications from the flu should get a flu vaccination before the flu season, no matter their stage of pregnancy. account to Time species THE THE STREET OF THE PROPERTY OF THE PARTY DECLINATION FOR VACCINE The Control of the Co and the wife of a large relating to the large larger and beginning to the larger that we have the larger than I do not want to receive the influenza vaccination at this time. ale engraphematra example. Signature of Patient Date Signature of Witness (This form may be replicated via WP)

BP-S806.0	060	CONSEN'	r To	EATMENT	OF	INTER	RFERON	/	RIBA	IN	CDFRM	
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t	treatment	of hepa	titis C i tially se:	in capsules n certain p rious side monitor yo	atieni effeci	ts. Th ts*. Y	nis trea Cour doc	tmer	nt is ass along v	ociated with phar	with numerous macy and	
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7.	Ribaviri: release,	n can cau must be	se birth counseled	defects. I to use add	Both w equate	omen a birth	nd men, control	par L (2	ticularly forms o	y those a f birth o	waiting control)	
during	treatment	t and 6 m	onths aft	er treatmer	nt is	comple	ted.					-
8	Abstain i	Erom illi	cit drug	or alcohol	use.							
9	Ribaviri	n should	not be ta	ken if you	have	severe	kidney	dys	function			
10.	You shoul above, or	ld immedi r you exp	ately spe erience t	ak to your rouble brea	docto athing	or if you	ou expent	rien sev	ce any s ere stom	ide effec ach or lo	cts described ower back	
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		ve your c	omfort an	d the chanc	ces of	succe	esfully	COM	pleting	this cou	rse of	
	clear flu symptoms	uids ever	y day, ea	t regularly	y, and	l take	acetamı	noph	en for t	evers and	y of water or d "flu-like"	Ŝ
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understa	oon inter ands the an Signat	proposed	essment, treatment	and medical	l reco ot com	ord rev mpetent	iew, it to giv	is e co	my opini nsent.	on; that	this patient	

Other issues discussed:

48.055 **INMATE REQUES. TO STAFF** CDFRM 8

. DEPARTMENT OF JUSTICE

Record Copy - File; Copy - Inmate (This form may be replicated via WP)

FEDERAL BUREAU OF PRISONS

TO: (Name and Title of Staff Member) DR. Beam	DATE: 10/7/04
FROM: DONALD (MOSHIEN JR	REGISTER NO.: 10924-052
WORK ASSIGNMENT: PM COMPOUND	UNIT: AB
SUBJECT: (Briefly state your question or con	e to be specific may result in no action being
	of the Request That you sent ?
	on Hep.C for me, also there Reply
	e BACK TO you By NOW, it NOT P
SEND ME A COPY SOON AS YOU C	Bet it I would also like agries
	y Brodand Hospital rucluding THE
LAST 6 MONTHS OF Blood Test	that Have been done Hene, also
CAN you please tell me it or	WHEN I will Stant TREATMENT
my Hep C, because its ONLY GET	This wonse please Respond"
	-
	THANK you
	Donald (mosh
(Do not write	below this line)
(bo not write)	Delow Chis line;
DISPOSITION:	
Transment.	has been approved.
	The note I sent
gert endag.	
Lee a-	Hached (1 pgp) ((abs)

This form replaces BP-148.070 dated Oct 86 and BP-S148.070 APR 94

	TRUCTIONS nust fill out this form completely, numbers 1-9:
	e de llanar este formulario completamente, numeros 1-9.)
1.	Name: Javalel Moshier
2.1	(Nombre) Reg. Number: $10924-052$
	(Numero de Registro)
3.	Date: (D) 7 100
4.	Housing unit and Unit Team: TEAM: A B C D
5.	(unidad y equipo de la unidad)
J.	Complaint, What is your problem? (Queja). (Cual es su problema?)
	Good News -
	Treatment
6.	How long have you had this problem? The state of the sta
	(Durante cuante tiempo ha tenido este problema?) DaysMonthsYears The late when
	(Dias) (Meses) (Anos)
7.	Are you on any medication(s) at present? Yes No
	(Esta usted tomando alguna(s) medicinas actualmente?) Se off hor Tweele
8.	Have you purchased Over-the-Counter Medications from Commissary? (Ha comprado medicinas non-prescipcion en la Comisaria?)
	YesNo
9.	Signature
٠٠	(Firma) Consent Tren Set
TO	BE COMPLETED BY HEALTHCARE STAFF TRIAGE PERSONNEL: / 54
10.	Date seen:
11.	Time seen:
12.	Subjective:
	JIN Seegon weeren
	x5W/s Them
13.	Objective: Temp: Pulse Respirations WAR OF CHES
14.	Appointment Date: Appointment Time Characteristics
15.	Triage Personnel's Signature:
	as well
	The state of the s
) JOV /
	LA SEARCHEAN

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BP-S148.055 INMATE REQUEST TO STAFF CDFRM SEP 98

U.S. DEPARTMENT OF JUSTICE

FEDERAL BUREAU OF PRISONS

TO: (Name and Title of Staff Member)	DATE: 9/6/04
FROM: DONALD (Mostlien 5h	REGISTER NO.: 10924-052
WORK ASSIGNMENT: Pan Compound andenly	UNIT: AB
SUBJECT: (Briefly state your question or con Continue on back, if necessary. Your failur	cern and the solution you are requesting. e to be specific may result in no action being d in order to successfully respond to your
I Request To Have complete LA THAT I HAD TAKEN ON 8/24/04	b Reports ON the Liven Biopsy at Bradford Hospital, Also All the
Blood test AND CATSCAN XRAYS	I've Also HAD Some Blood work I would Also like tHem Results
t would also like to KNOW W	Hen I'll Be Gotting Theoted for
my Hep C. Please Despons	
· · · · · · · · · · · · · · · · · · ·	Alfant
	MANG YOU
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(Do not write	below this line)
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To med	Ical reends
2) 91ll lu	ave gon an climis
0930	5/8/04 To Dom
Signature Staff Member	Date 9/7/04 000398
Record Copy - File! Copy - Inmate() (This form may be replicated via WP)	This form replaces BP-148.070 dated Oct 86

This form replaces BP-148.070 dated Oct 86 and BP-S148.070 APR 94

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BP-S148.055 INMATE REQUEST TO STAFF CDFRM SEP 98

U.S. DEPARTMENT OF JUSTICE

FEDERAL BUREAU OF PRISONS

O.B. DEFARIMATOR COSTICE	THEMSTERN DOLUMO OF THEOUTH
TO: (Name and Title of Staff Member)	DATE:
DR. Beam	8/5/04
PDOM.	
DOMALD (mostlien or	REGISTER NO.: 10924-052
WORK ASSIGNMENT:	UNIT:
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taken. If necessary, you will be interviewe request.)	e to be specific may result in no action being ed in order to successfully respond to your
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Signature Staff Member	Date
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Record Copy - File; Copy - Inmate (This form may be replicated via WP)	This form replaces BP-148.070 dated Oct 86

This form replaces BP-148.070 dated Oct 86 and BP-S148.070 APR 94